



Board for Contractors

EDUCATION PROVIDER REGISTRATION/COURSE APPROVAL APPLICATION
CONTRACTORS PRELICENSE AND REMEDIAL EDUCATION
 No Fee Required

Select the action(s) you are requesting

Initial Provider Registration	<input type="checkbox"/>
Course Approval Application	<input type="checkbox"/>

1. Name of School/Provider _____
2. Board for Contractors Provider Registration Number (if already registered)

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3. Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
4. Mailing Address (PO Box accepted) _____
 City, State, Zip Code _____
5. E-mail Address _____
6. Web Address (if applicable) _____
7. Telephone and Facsimile Numbers () - () - _____

Telephone
Facsimile
8. Type of school/provider (select only **one**)
☐ Privately owned school/provider
☐ Professional/Trade association
☐ Other _____
9. School owner(s) - enter the name of the proprietor, partnership, association, limited liability company, or corporation _____
10. Name & Title of Contact Person _____
11. Telephone Number of Contact Person () - _____

Telephone
12. Type of courses to be offered (select **all** that apply)
 - a. ☐ Contractor Pre-License
 Select the subject area.

☐ Contractor Basic Business (minimum of 8 hours)
☐ Contractor Business – Advanced (minimum of 24 hours)
☐ Remedial Education – Basic (minimum of 8 hours)
☐ Remedial Education – Advanced (minimum of 24 hours)

Address where electronic communication from the Board can be sent (an owner/manager e-mail address is acceptable).

OFFICE USE ONLY	DATE RECEIVED	PROVIDER NUMBER <div style="font-size: 2em; font-weight: bold;">27</div>	COMMITTEE RECOMMENDATION	BOARD ACTION	DATE
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13. Method of instruction (select **all** that apply)

☐ Classroom

☐ Correspondence

☐ On-line

☐ Other distance learning, describe _____

Correspondence and other distance-learning (non-classroom) must include appropriate testing procedures to verify successful course completion

14. Course Information – Attach additional pages if more space is needed.

Course Name	Contact Hours	Subject (from item #12) (provide for each course listed)	OFFICE USE ONLY Course Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that the provider has complied with all the laws of Virginia related to the education requirements under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, the *Board for Contractors Regulations* and the *Board for Contractors Individual Licensing and Certification Regulations*.

Responsible Manager's Name (Printed) _____

Title _____

Responsible Manager's Signature _____

Date _____

REQUIRED ATTACHMENTS FOR EACH COURSE

The following attachments must be provided for each course. Please include a spacer page to label each attachment according to the number listed below. For example, "Attachment #1: Course Syllabus"; "Attachment #2: Instructor Information"; etc. Please note that the information listed below is required, and applications that do not contain all of the required attachments, in the format and order listed below, will be returned.

- **Attachment # 1: Course Syllabus** – The course syllabus lists the purpose of the course and the main topics covered in the course. The syllabus must include coverage of statutes and regulations related to contracting in Virginia, business requirements applicable in Virginia, and basic business principles. For each main topic on your syllabus, include the amount of time that will be devoted to that topic during the course.
- **Attachment # 2: Instructor Information** – List all instructors for the course with applicable Virginia Tradesman, Individual Certification, or Contractor license numbers (if available). In addition, a one-page resume with appropriate teaching and technical experience must be included for each instructor.
- **Attachment # 3: Course Materials and Fees** – Information pertaining to any materials used or distributed during the course, including books, handouts, pamphlets, and slide presentations/overheads. If the materials are "custom" information, i.e. developed by the provider, please provide a copy. If you will be using materials developed by an outside source, please provide detailed information about the publication. A copy of the materials may be requested. Please provide the fees that will be assessed for the course and whether or not the fees include any materials for the course and, if not, the materials that students are required to furnish.
- **Attachment # 4: Schedule of Course Dates and Locations** – Provide information pertaining to the anticipated schedule and location(s) for the course. If you have not developed a schedule, please provide an anticipated start date for the program. Please note that you must provide the Board office with a final schedule and location(s) prior to holding the class.
- **Attachment # 5: Course Completion Certificate** – If students will be provided with a certificate of completion at the end of the course, please provide a copy marked "sample."
- **Attachment # 6: Online/Correspondence Course Information** – If an online or correspondence course, please provide information on the security procedures to be utilized. In addition, provide information on the test that will be given at the end of the course and security related to the test. Online providers must provide the website address, user ID, and password to be utilized by the Board during the review process in order to access your course. Correspondence course providers must provide a copy of the packet that will be distributed to students.